From: "Zimmerman, Chris" <CZimmerman@amerisourcebergen.com>
Sent: Fri, 10 Jan 2014 20:29:47 -0500 (EST)
To: "Neu, Dave" <DNeu@amerisourcebergen.com>
Subject: Re: Confidential

Sounds like progress, thank you for forwarding.

Chris

Sent from my iPhone

On Jan 10, 2014, at 8:24 PM, "Neu, Dave" <DNeu@amerisourcebergen.com> wrote:

> John Gray and I had dinner with Carmen Catizone from NABP tonight. He has convened a stakeholder group to develop what they are referring to as a "Red Flags" guidance document. The plan is to work with prescribers, wholesalers and dispensers to address the DEA issues.
>
> Some summary comments below from HDMA notes and our discussions...
>
> > Participating groups are:
> > From the Docs - American Medical Association, American Osteopathic Association, American Academy of Family Physicians
> > From Pharmacy – NACDS, NCPA, APHA, CVS, Walgreen
> > Other Groups - PhRMA (Purdue Pharma representing), PCMA, Cardinal Health and as of tonight ABC and HDMA. (McKesson has not been involved yet but will likely join)
> >
> > **AND** --- our friends from DEA: Joe Rannazzisi, Al Santos, John Partridge, Robert Hill and Imelda Paredes – Essentially the entire senior management team at the DEA Office of Diversion Control.
> >
> > NABP is the umbrella group bringing everyone to the table.
> >
> > From what I understand, NABP plans to issue some type of a statement/issue brief in early February defining the issue and announcing that they are working with the stakeholder community to develop recommendations to address drug abuse and diversion, doctor shopping, bogus scripts, pill mills, et al. They plan to have a document of recommendations to address thes issues finalized by the end of March.
> >
> > The thinking behind this is to have NABP issue a guidance for Docs and Pharmacists to adhere to that would help address the problem. The subtext strategy is that DEA continues to be totally disengaged with regard to issuing any type of guidance. In lieu of direct guidance from DEA, NABP will take the mantle and issue a non-binding guidance that docs and pharmacists can use. The hope is that this guidance will create some degree of process that will 1.) hopefully keep DEA at bay, and 2.) failing that, provide something to bring to court in the event of a DEA action. The hope being that registrants can at least say they were adhering to some type of specific process rather than blindly guessing at what DEA expects registrants

to know and do.
We will talk further when I return on Monday but feels like the beginning of something that could be an important coalition.

David Neu
President
Amerisourcebergen Drug Corporation
1300 Morris Drive
Chesterbrook, PA 19087
610-727-7206
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President
Amerisourcebergen Drug Corporation
1300 Morris Drive
Chesterbrook, PA 19087
610-727-7206